

State of Alabama
Unified Judicial System

Form C-10
Page 1 of 2

Rev. 2/95

AFFIDAVIT OF SUBSTANTIAL HARDSHIP AND ORDER

Case Number

IN THE DISTRICT COURT OF Barbour, ALAB
(Circuit, District, or Municipal) (Name of County or Municipality)

STYLE OF CASE: State of Alabama v. James E. Griffin
Plaintiff(s) Defendant(s)

TYPE OF PROCEEDING: Whe. hearing CHARGE(s) (if applicable): assault 1st, w/ma
Discharging Weapon

- ☐ CIVIL CASE-- I, because of substantial hardship, am unable to pay the docket fee and service fees in this case, that payment of these fees be waived initially and taxed as costs at the conclusion of the case.
- ☐ CIVIL CASE-- (such as paternity, support, termination of parental rights, dependency) - I am financially unable to hire an attorney and I request that the court appoint one for me.
- ☒ CRIMINAL CASE-- I am financially unable to hire an attorney and request that the court appoint one for me.
- ☐ DELINQUENCY/NEED OF SUPERVISION-- I am financially unable to hire an attorney and request that the court appoint one for my child/me.

AFFIDAVIT

SECTION I.

1. IDENTIFICATION

Full name JAMES E. Griffin Date of birth 9/1/60
Spouse's full name (if married) _____
Complete home address 64 Jennings Street, Clayton, AL 36826
Number of people living in household _____
Home telephone number _____
Occupation/Job Disabled Length of employment _____
Driver's license number 7117612 *Social Security Number 266-51-9106
Employer _____ Employer's telephone number _____
Employer's address _____

2. ASSISTANCE BENEFITS

Do you or anyone residing in your household receive benefits from any of the following sources? (If so, please check those apply.)

☐ AFDC ☒ Food Stamps ☒ SSI ☒ Medicaid ☐ Other _____

3. INCOME/EXPENSE STATEMENT

Monthly Gross Income:

Monthly Gross Income \$ 579.00
Spouse's Monthly Gross Income (unless a marital offense) _____
Other Earnings: Commissions, Bonuses, Interest Income, etc. _____
Contributions from Other People Living In Household _____
Unemployment/Workmen's Compensation, _____
Social Security, Retirements, etc. _____
Other Income (be specific) _____

TOTAL MONTHLY GROSS INCOME

\$ 579.00

Monthly Expenses:

A. Living Expenses
Rent/Mortgage \$ _____
Total Utilities: Gas, Electricity, Water, etc. _____
Food _____
Clothing _____
Health Care/Medical _____
Insurance _____
Car Payment(s)/Transportation Expenses \$200.00
Loan Payment(s) _____

*OPTIONAL

LAUNDRY NO. _____ DATE _____ DESCRIPTION _____

ITEMS: _____ AMOUNT _____

CASH _____ PUT IN PROPERTY _____ PUT IN FOR STORE _____

BELT 1-Belt

JEWELRY Watch w/ white band 9 Rings Cross Chain Diamond necklace

CHECKBOOK Heart Shape necklace

COMB _____

DRIVER LICENSE _____

CLOTHES Green + Blue striped shirt Blue jeans

SHOES _____

KEYS Blue state w/ keys

LIGHTER _____

TOBACCO PRODUCT _____

WALLET 1-Wallet

KNIFE 1-Knife

MISCELLANEOUS _____

ICERTIFY THAT THE ABOVE IS A CORRECT LIST OF ITEMS REMOVED
FROM MY POSSESSION AT THE TIME I WAS PLACED IN JAIL

INMATE James F. Haffner ADDRESS _____

OFFICER _____

RELEASE: ICERTIFY THAT THE ABOVE ITEMS WERE RECEIVED BY
AT TIME OF RELEASE _____ INMATE _____

OFFICER _____

BARBOUR COUNTY JAIL WILL NOT BE RESPONSIBLE FOR ANY PRO
AFTER THIRTY (30) DAYS _____ INITIAL _____

NAME OF PERSON WHO PICKED UP PROPERTY AFTER SENT TO STATE
DATE _____

T. I. N...

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Monthly Expenses: (cont'd page 1)
 Credit Card Payment(s)
 Educational/Employment Expenses
 Other Expenses (be specific)

A \$

Sub-Total

\$

B \$

B. Child Support Payment(s)/Alimony

Sub-Total

\$

C. Exceptional Expenses

TOTAL MONTHLY EXPENSES (add subtotals from A & B monthly only)

\$ 200

Total Gross Monthly Income Less total monthly expenses:

\$ 379

DISPOSABLE MONTHLY INCOME

4. LIQUID ASSETS:
 Cash on Hand/Bank (or otherwise available such as stocks, bonds, certificates of deposit)
 Equity in Real Estate (value of property less what you owe)
 Equity in Personal Property, etc. (such as the value of motor vehicles, stereo, VCR, furnishing, jewelry, tools, guns, less what you owe)
 Other (be specific)
 Do you own anything else of value? ☐ Yes ☐ No
 (land, house, boat, TV, stereo, jewelry)
 If so, describe

\$

TOTAL LIQUID ASSETS

5. Affidavit/Request
 I swear or affirm that the answers are true and reflect my current financial status. I understand that a false statement to any question in the affidavit may subject me to the penalties of perjury. I authorize the court or its authorized representative to obtain records of information pertaining to my financial status from any source in order to verify information provided by me. I understand and acknowledge that, if the court appoints an attorney to represent me, the court may require me to pay the fees and expenses of my court-appointed counsel.

Sworn to and subscribed before me this

28th day of October 2005

Judge/Clerk/Notary

Affiant's Signature

James B. Britt

Print or Type Name

ORDER OF COURT

SECTION II.

IT IS THEREFORE, ORDERED, AND ADJUDGED BY THE COURT AS FOLLOWS:

- ☐ Affiant is not indigent and request is DENIED.
☐ Affiant is partially indigent and able to contribute monetarily toward his/her defense; therefore defendant is ordered and disbursed as follows:
 \$ toward the anticipated cost of appointed counsel. Said amount is to be paid to the clerk of court.
☒ Affiant is indigent and request is GRANTED.
☐ The prepayment of docket fees is waived.

IT IS FURTHER ORDERED AND ADJUDGED that Tom Kelly is hereby appointed as co-affiant.
 IT IS FURTHER ORDERED AND ADJUDGED that the court reserves the right and may order reimbursement of expenses, approved by the court and paid to the appointed counsel, and costs of court.

Done this 28th day of October 2005

Judge

MEDICAL SHEET

INMATE QUESTIONNAIRE

11. Do you have or have you ever had any of the following:

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> a. allergies | <input checked="" type="checkbox"/> f. fainting spells | <input checked="" type="checkbox"/> k. seizures |
| <input type="checkbox"/> b. arthritis | <input type="checkbox"/> g. heart condition | <input type="checkbox"/> l. tuberculosis |
| <input type="checkbox"/> c. asthma | <input type="checkbox"/> h. hepatitis | <input type="checkbox"/> m. ulcers |
| <input type="checkbox"/> d. diabetes | <input type="checkbox"/> i. high blood pressure | <input checked="" type="checkbox"/> n. venereal disease |
| <input checked="" type="checkbox"/> e. epilepsy | <input checked="" type="checkbox"/> j. psychiatric disorder | <input type="checkbox"/> o. other (specify) |
- P. AIDS VIRUS HANDS HEARING

12. For females only:

- ☐ a. Are you pregnant?
- ☐ b. Do you take birth control pills?
- ☐ c. Have you recently delivered?

13. Have you recently been hospitalized or treated by a doctor?

14. Do you currently take any medication prescribed by a doctor?

15. Are you allergic to any medication?

16. Do you have any handicaps or conditions that limit activity? Broken neck

17. Have you ever attempted suicide or are you thinking about it now?

18. Do you regularly use alcohol or street drugs?

19. Do you have any problems when you stop drinking/using drugs?

20. Do you have a special diet prescribed by a physician?

21. Do you have any problems or pain with your teeth?

22. Do you have any other medical problems we should know about?

Medical Insurance: Personal Doctor: Marital Status: NOEmergency Contact: Mary Gurney 334 775 Relationship: SisterAddress: 694 Jennings StCity: Clayton State: NC Zip: 27011

Lakeview Community Hospital
820 West Washington Street
Birmingham, AL 36027
1-334-688-7000

Patient Teaching Instructions
GRIFFIN, JAMES E - 7015261

Date discharged: 10/27/2005
Time discharged: 23:27

You have been diagnosed and treated by our emergency care provider. These discharge instructions have been prepared for you in order that you better understand your condition, and how this condition may affect you now that you have been discharged from our emergency room. Please read these instructions carefully, and do not hesitate to call us if you have any questions.

Your emergency care provider was:

DARIUS K BROWN

Special Instructions

FOLLOW UP WITH YOUR DOCTOR AS NEEDED. PLEASE FEEL FREE TO RETURN TO ER ANYTIME.

Referred to:
OOT PHYSICIAN

Phone:
Hours:
Follow up in 4 days.
Call for an appointment

The exam and treatment you received today has been provided on an emergency basis only. This is not a substitute for complete medical care. **You, not Lakeview Community Hospital**, are responsible for arranging and obtaining follow-up care with a doctor or other healthcare provider, which includes making arrangements for payment. If your problem worsens or new symptoms appear and you are unable to arrange prompt follow-up care, call or return to this emergency room.

If you had EKG's or X-rays done in the Emergency Department, they will be reviewed by a specialist. If their interpretation is different from the emergency care provider, you or your physician will be notified.

If you had cultures done, results are usually available within 48-72 hours. If the results indicate a need for re-evaluation or change in treatment, you or your physician will be notified.

820 West Washington Street
Eufaula, AL 36027
1-334-688-7000

Patient Teaching Instructions

GRIFFIN, JAMES E - 7015261

MUSCLE SPASMS

WHAT IS A MUSCLE SPASMS?

A muscle spasm occurs when there is an involuntary, sudden violent contraction of a muscle or group of muscles. These contractions cause pain and stiffness in the area of the muscle. The pain may begin immediately after or even hours after the exertion or injury that caused the spasm. Often the cause is not clear.

WHAT SHOULD I KNOW AND DO FOR A MUSCLE SPASM?

- Rest and avoid exertion until the pain is gone.
- Ice packs (on for 20 minutes each hour) may help if used within 24 hours of injury.
- Warm, moist heat offers the most relief for the pain after the first 24 hours.
- Use medication as prescribed by the doctor.

WHEN AND WHY SHOULD I FOLLOW UP WITH THE DOCTOR?

- If you develop any numbness and tingling in your arms or legs that last longer than a few moments.
- If you are unable to walk or move due to pain.
- For any other problems that concern you.

Your condition may benefit from outpatient rehab therapy services. Please ask for this referral or more information.

0103

820 West Washington Street
Eufaula, AL 36027
1-334-688-7000

Patient Teaching Instructions

GRIFFIN, JAMES E - 7015261

CERVICAL STRAIN

WHAT CAUSES CERVICAL STRAIN?

Neck or cervical pain is usually related to strain - over stretching of muscles or ligaments of the neck or shoulder. The most common causes are car accidents, athletics, exercise classes, and poor sleeping positions. Muscle strain of the neck is usually extremely painful and bothersome, but is usually not serious. The pain may last from a few days to a month or more, and is usually worse in the mornings.

WHAT SHOULD I KNOW AND DO FOR CERVICAL STRAIN?

- Most cervical strains heal in 3 or 4 days. Severe neck strains may take several weeks to heal completely.
- Your doctor may give you medicines to help the muscles to relax. Take them exactly as directed. DO NOT drive while taking these medicines.
- Resting may help the discomfort of traumatic injuries. Avoid activity that increases the pain.
- You may have been given a soft neck collar to wear. Some people find this very helpful in helping you to relax. Wear this collar as much as you can. You can sleep with it on. Do not get the collar wet.
- If you have neck pain from strenuous or athletic activity, you should continue with your usual activities unless your doctor tells you otherwise.
- Using ice packs every few hours for the first 2-3 days may help with discomfort and healing.
- You may use heating pads, hot showers, or hot towel compresses 3 or 4 times a day for 20 minutes to help relax the muscles.
- Gentle and firm massages may help your soreness.
- A consistent routine of exercise will help to prevent muscle pain.

WHEN AND WHY SHOULD I FOLLOW UP WITH THE DOCTOR?

- If your pain is getting worse and not better.
- If the pain moves or shoots down your arms.
- If you develop any weakness, numbness or tingling.
- If you are not feeling better in 6 to 8 days.
- If you develop numbness or tingling of the affected area.
- If something really concerns or worries you about your muscle pain.

Your condition may benefit from outpatient rehabilitation therapy services. Please ask for this referral or for more information.

820 West Washington Street
Birmingham, AL 36027
1-334-688-7000

Patient Teaching Instructions

GRIFFIN, JAMES E - 7015261

MOTRIN (ibuprofen)

THIS MEDICINE IS USED TO HELP RELIEVE PAIN AND INFLAMMATION.
IT IS SOMETIMES USED FOR FEVER.

- Take this medicine with a full glass of water and stay in a sitting or standing position for 15-30 minutes after administration.
- Take medicine exactly as the doctor or the package says. If dose is missed it should be taken as soon as remembered but not if almost time for next dose. Do not take double doses.
- This medication may cause drowsiness or dizziness. Avoid driving or other activities requiring alertness until response to medicine is known.
- Avoid using alcohol, aspirin, acetaminophen, or other over-the-counter medicines without talking to your doctor or pharmacist first.
- Tell your doctor or dentist if you are taking this or any other medicine before beginning other treatments or surgery.
- Do not take the over-the-counter ibuprofen preparations for more than 10 days for pain or 3 days for fever without talking to your doctor first.
- Talk to your doctor if you are not improving while taking this medicine.
- Notify your doctor if you have rash, itching, chills, fever, muscle aches, trouble seeing, weight gain, swelling, black stools, or headache that does not go away.
- Possible common side effects are: headache, dizziness, nausea, vomiting, stomach bleeding, rash, liver problems, kidney problems or blood abnormalities.
- DO NOT TAKE this medicine if you are allergic to ibuprofen, have asthma, kidney or liver disease.

0405

820 West Washington Street
Eufaula, AL 36027
1-334-688-7000

Patient Teaching Instructions

GRIFFIN, JAMES E - 7015261

FLEXERIL (cyclobenzaprine)

THIS MEDICINE IS USED AS MUSCLE RELAXANT.

- Take medicine exactly as directed. If a dose is missed, take within one hour or wait until the next dose. Do not take double doses.
- This medicine may cause drowsiness, dizziness, or blurred vision. Avoid driving or other activities requiring alertness until response to the medicine is known.
- Avoid use of alcohol or other medicines that may make you drowsy.
- Increasing fiber in diet and drinking lots of fluids will help to avoid constipation.
- Call your doctor if you have trouble passing urine or a full feeling in your stomach.
- Good oral hygiene, frequent mouth rinses, and sugarless gum or candy may help relieve dry mouth.
- You may take this medicine with food go avoid stomach upset.
- Possible common side effects are: dizziness, weakness, nausea, sleepiness or irregular heart beats.
- DO NOT TAKE this medicine if you are recovering from a recent heart attack, have congestive heart failure or thyroid disease.

0405

State of Alabama
Unified Judicial System

WARRANT AND AFFIDAVIT

DISTRICT COURT OF
BARBOUR COUNTYCase Number
05-10-478

Before me the undersigned Judge/Clerk/Magistrate of the District Court of Barbour County, Alabama, personally appeared WILLIE C. WALTON who being by me first duly sworn deposes and says that he/she has probable cause for believing, and does believe that within twelve months within said County on or about 10/18/05 one JAMES GRIFFIN whose name is otherwise unknown to the complainant did:

WITH INTENT TO CAUSE SERIOUS PHYSICAL INJURY TO WILLIE C. WALTON, HE CAUSED SERIOUS PHYSICAL INJURY TO HIM BY HITTING HIM IN THE HEAD WITH A GUN

In violation of 13A-6-20 of the Code of Alabama, against the peace and dignity of the State of Alabama.

Sworn to and subscribed before me this the 21 day of October 2005

James L. Clark
Clerk/Magistrate of District Court

Willie C. Walton
Complainant's Signature
#6 Westfield Court
Clayton, Alabama 36016

WITNESSES FOR THE STATE

CURLISHA SCOBILCURTISHO SCOBILSTATE OF ALABAMA
BARBOUR COUNTY
CLAYTON

WARRANT OF ARREST

DISTRICT COURT
Warrant Number
2005-286

TO ANY LAWFUL OFFICER OF THE STATE OF ALABAMA:

You are thereof commanded to arrest JAMES GRIFFIN and bring him/her before the DISTRICT COURT OF BARBOUR COUNTY, to answer the State of Alabama on a charge of

ASSAULT: FIRST DEGREECode 13A-6-20 Class B Felonyand have you then and there this writ with your return thereon 10/2/05 at 9:00 AMDated this 21 day of October 2005

James L. Clark
Clerk/Magistrate of District Court

Defendant's Address

64 JENNING ST
CLAYTON AL

Race	Sex	DOB
B	M	08-01-1960
Hgt	Wgt	Hair Eyes
57"	215	BLK BRO

SSN
286-61-8108

DL Number State

WARRANT OF ARREST

THE DISTRICT COURT OF
BARBOUR COUNTY
THE STATE OF ALABAMA
v.JAMES GRIFFINExecuted the within Warrant by Arresting
the within named Defendant. After arrest,
the defendant was:

☐ Released as authorized at _____
☐ Taken before ☐ Judge ☐ Magistrate
☐ Committed to Jail

This _____ day of _____

Signature Title

Agency

NAME: James Griffin DATE: 10.2.55
ADDRESS: 64 Jennings St.
D.O.B.: 9/16/66 AGE 44 RACE B SEX M HT. 5'1
WT. 215 EYES BLU HAIR BLK STATE AIS
SSN: 266-51-9106 OFFENCE ASSAULT 1st
DEPT. Clayton V.D. OFFICER 202
CELL 541 BOND 50,000. 00 HOLDS
SCARS TATTOOS Both arms

INCIDENT REPORT NARRATIVE
SUPPLEMENT
(CONTINUED)

PAGE ____ OF ____

About 7:50 Am Chris David Lee Call up to tell me. CJ-3 that James Griffin had hit the floor I went to see what happen he told me that he could not move. So I Call up front to tell them. I went back to see about him. And Chris David Lee told me when James Griffin was walking out the cel. his feet went up and he hit the floor.

Saturday 26, 2005

Time 7:50 Am

SN Block

Office in Back HARRIS CJ-3

No Water on Floor

Not anything that would cause him to fall

10/26/05

Around 10:53 am. I advised 614 & 201 they needed to come to the jail ref to James Griffin kicking the door & shaking it all because I (Arleen Gugler) told him he would have to make the phone call to the school he was attending later only Callie Heath & myself was working at the jail. Officer Upshaw & Chief

Patrick talked to him.

Officer Upshaw told him he could make a call later.

**BARBOUR COUNTY JAIL
INMATE'S LOSS OF PRIVILEGES**

James Griffith 11/13/05 S/N
INMATE'S NAME DATE BLOCK #

VIOLATION	PRIVILEGE TO LOSE	
	VISITATION STORE CALL OTHER	DATE TO LOSE PRIVILEGE
Cursing an officer	visitation	11-20-05-12-11-05 4 weeks

COMMENTS: As I Was Standing In the Cube preparing medication for another Inmate James Called my name and When I didn't answer, he Stepped Outside of Special Needs block and Starting Cursing at me and Calling me out of my name. And then he threatened to do something to me when he gets out of Jail.

11/13/05 @ 4:30 am
DATE and TIME

Evang Nwach / C011
OFFICER'S NAME / ID

DATE and TIME

SUPERVISOR'S NAME / ID

**BARBOUR COUNTY JAIL
INMATE'S LOSS OF PRIVILEGES**

James Griffith
INMATE'S NAME

11-17-05
DATE

5/N
BLOCK #

VIOLATION	PRIVILEGE TO LOSE		DATE TO LOSE PRIVILEGE
	VISITATION	STORE CALL <u>OTHER</u>	
Cursing an officer Threatening an officer		Take out a warrant	

COMMENTS: Ms. Patsy I had wanted to take out a Warrant on James Griffith Because he keeps on making threats towards me and today he threatened to shoot me with a gun. When I told him that I was going to take him to Court he cursed at me and told me that he will threaten the Judge.

11-17-05 @ 5Am
DATE and TIME

Elong Woods / CO-11
OFFICER'S NAME / ID

DATE and TIME

SUPERVISOR'S NAME / ID

ALABAMA UNIFORM ARREST REPORT

Fingerprinted	R84 Completed
<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes
<input type="checkbox"/> No	<input type="checkbox"/> No

OFFICER'S WORK PRODUCT MAY NOT BE PUBLIC INFORMATION

IDENTIFICATION	1 ORI #	2 AGENCY NAME	3 CASE #	4 SFX
	5 LAST, FIRST, MIDDLE NAME	6 ALIAS AKA		
	7 SEX	8 RACE	9 HGT.	10 WGT.
	11 EYE	12 HAIR	13 SKIN	14
ARREST	15 PLACE OF BIRTH (CITY, COUNTY, STATE)	16 SSN	17 DATE OF BIRTH	18 AGE
	19 MISCELLANEOUS ID #	20 SID #	21 FINGERPRINT CLASS	22 DL #
	23 ST	24 FBI #	25 IDENTIFICATION COMMENTS	
	26 <input type="checkbox"/> RESIDENT	27 HOME ADDRESS (STREET, CITY, STATE, ZIP)	28 RESIDENCE PHONE	29 OCCUPATION (BE SPECIFIC)
	30 EMPLOYER (NAME OF COMPANY/SCHOOL)	31 BUSINESS ADDRESS (STREET, CITY, STATE, ZIP)	32 BUSINESS PHONE	
	33 LOCATION OF ARREST (STREET, CITY, STATE, ZIP)	34 SECTOR #	35 ARRESTED FOR YOUR JURISDICTION?	
	36 CONDITION OF	37 RESIST ARREST?	38 INJURIES?	39 ARMED?
	40 DESCRIPTION OF WEAPON	41 DATE OF ARREST	42 TIME OF ARREST	43 DAY OF ARREST
	44 TYPE OF ARREST	45 ARRESTED BEFORE?	46 CHARGE-1	47 UCR CODE
	48 CHARGE-2	49 UCR CODE	50 STATE CODE/LOCAL ORDINANCE	51 WARRANT #
VEHICLE	52 DATE ISSUED	53 STATE CODE/LOCAL ORDINANCE	54 WARRANT #	55 DATE ISSUED
	56 CHARGE-3	57 UCR CODE	58 CHARGE-4	59 UCR CODE
	60 STATE CODE/LOCAL ORDINANCE	61 WARRANT #	62 DATE ISSUED	63 STATE CODE/LOCAL ORDINANCE
	64 WARRANT #	65 DATE ISSUED	66 ARREST DISPOSITION	67 IF OUT ON RELEASE
	68 ARRESTED WITH (1) ACCOMPLICE (FULL NAME)	69 ARRESTED WITH (2) ACCOMPLICE (FULL NAME)	70 VYR	71 VMA
	72 VMD	73 VST	74 VCO	75 TAG #
	76 LIS	77 LIY	78 VIN	79 IMPOUNDED?
	80 STORAGE LOCATION/IMPOUND #	81 OTHER EVIDENCE SEIZED/PROPERTY SEIZED	82 JUVENILE	83 RELEASED TO
	84 PARENT OR GUARDIAN (LAST, FIRST, MIDDLE NAME)	85 ADDRESS (STREET, CITY, STATE, ZIP)	86 PHONE	
	87 PARENTS EMPLOYER	88 OCCUPATION	89 ADDRESS (STREET, CITY, STATE, ZIP)	90 PHONE
RELEASE	91 DATE AND TIME OF RELEASE	92 RELEASING OFFICER NAME	93 AGENCY/DIVISION	94 ID #
	95 RELEASED TO:	96 AGENCY/DIVISION	97 AGENCY ADDRESS	
	98 PERSONAL PROPERTY RELEASED TO ARRESTEE	99 PROPERTY NOT RELEASED/HELD AT:	100 PROPERTY #	
	101 REMARKS (NOTE ANY INJURIES AT TIME OF RELEASE)	102 SIGNATURE OF RECEIVING OFFICER	103 SIGNATURE OF RELEASING OFFICER	
	104 CASE #	105 SFX	106 CASE #	107 SFX
	108 CASE #	109 SFX	110 ADDITIONAL CASES CLOSED	111 WATCH CMDR.
	112 ID #	113 ARRESTING OFFICER (LAST, FIRST, M.I.)	114 ID #	115 SUPERVISOR
	116 ID #	117 WATCH CMDR.	118 ID #	119 WATCH CMDR.
	120 ID #	121 WATCH CMDR.	122 ID #	123 WATCH CMDR.

TYPE OR PRINT IN BLACK INK ONLY

ACJIC-34 REV. 10-90

BARBOUR COUNTY JAIL INCIDENT

INCIDENT REPORT

INMATE NAME Griffin James
 LAST FIRST MIDDLE

MASTER ID # _____ DOB: _____

SOCIAL SEC. # _____

DATE OCCURRED: 10-26-05

TIME OCCURRED: 10⁰⁰ AM

PLACE OF INCIDENT: _____

____ NON-INMATE INCIDENT

NARRATIVE:

Around 10⁰⁰ AM James Griffin Ask Me (Callie) to Ask Mrs Arlene to Call back To Special Need. Mrs. Arlene advised Me (Callie) that James wanted to use the Phone To Call to a University that he was enrolled in to keep from losing \$1,200.⁰⁰ he had paid out. She (Mrs. Arlene) say She advised James Griffin that she was short of help that she was the only one up front and as soon as Mrs. Patsy or George return she would let him use the Phone. Shortly after that James Griffin begin to beat, Kick and bang on Special Need door. He then yelled out TELL MRS Arlene to Stop bull-Shiting. He Kicking and bang so hard until you could hear him up front.

SIGNATURE OF EMPLOYEE/DATE AND TIME: Callie Heath 10-26-05

NAME AND TITLE (PRINT): _____

INCIDENT REPORT DELIVERED TO/DATE AND TIME: _____

SIGNATURE OF SUPERVISOR RECEIVING REPORT/DATE AND TIME: _____

____ ADDITIONAL PAGES FOLLOW

PAGE 1 OF ____

Nov 7th

James I was told you had your
Hair Cut the 3rd And offered
a razor on Friday Refused because
of bumps you get from shaving.

Hair Cuts Thur 2nd shift
Razor Friday - 2nd shift.

P. Hall

Colie
Heath gave buffer copy.

10-27-5

James Griffin wasn't complaining about his neck until around 8:30pm after he was locked down he also was not acting like he was hurt when he came up front waiting for Lt. Hamric to take him to E.R.

Regi Boudry

BARBOUR COUNTY JAIL
INMATE REQUEST FORM

1/5/06
DATE

8:45 A.M.
TIME

James Griffin
INMATE'S NAME

312
CELL #

TYPE OF REQUEST
(CIRCLE ONE)

1. MEDICAL 2. DENTAL 3. GRIEVANCE 4. SPECIAL VISIT 5. OTHER

BRIEFLY STATE YOUR REQUEST: I need to talk to Patsy Hall about getting to Bullock County Jail A.S.A.P.

James Griffin
INMATE'S SIGNATURE

OFFICER'S SIGNATURE

DO NOT WRITE BELOW LINE

OFFICER'S REPLY:

Not going to Bullock County Jail unless 601 order P. Hall

ALL INMATE REQUEST FORMS WILL BE ROUTED THROUGH
THE SHIFT SUPERVISOR TO THE JAIL ADMINISTRATOR

INMATE INMATE FILES DISCIPLINARY BOARD OTHER

SUPERVISOR'S SIGNATURE

DATE

ADMINISTRATOR'S SIGNATURE

DATE

BARBOUR COUNTY JAIL
INMATE REQUEST FORM

1/5/06
DATE

8:45 A.M.
TIME

James Griffin
INMATE'S NAME

312
CELL #

TYPE OF REQUEST
(CIRCLE ONE)

1. MEDICAL 2. DENTAL 3. GRIEVANCE 4. SPECIAL VISIT 5. OTHER

BRIEFLY STATE YOUR REQUEST: I need to talk to Patsy Hall about getting to Bullock County Jail A.S.A.P.

James Griffin
INMATE'S SIGNATURE

OFFICER'S SIGNATURE

DO NOT WRITE BELOW LINE

OFFICER'S REPLY: Not going to Bullock County Jail unless 601 order

ALL INMATE REQUEST FORMS WILL BE ROUTED THROUGH
THE SHIFT SUPERVISOR TO THE JAIL ADMINISTRATOR

INMATE INMATE FILES DISCIPLINARY BOARD OTHER

SUPERVISOR'S SIGNATURE

DATE

ADMINISTRATOR'S SIGNATURE

DATE

LAUNDRY NO. _____

AMOUNT _____

DESCRIPTION _____

ITEMS:

CASH _____ PUT IN PROPERTY _____ PUT IN FOR STORE _____

BELT 1-BeltJEWELRY Watch w/ white band 9 Ringo cross chain braceletCHECKBOOK Heart shape necklace

COMB _____

DRIVER LICENSE _____

CLOTHES Green + Blue striped shirt Blue jeans

SHOES _____

KEYS Blue strap w/ keys

LIGHTER _____

TOBACCO PRODUCT _____

WALLET 1-walletKNIFE 1-knife

MISCELLANEOUS _____

ICERTIFY THAT THE ABOVE IS A CORRECT LIST OF ITEMS REMOVED
FROM MY POSSESSION AT THE TIME I WAS PLACED IN JAIL

INMATE James F. Hight ADDRESS: _____
OFFICER _____

RELEASE: ICERTIFY THAT THE ABOVE ITEMS WERE RECEIVED BY M
AT TIME OF RELEASE _____ INMATE _____

OFFICER _____

BARBOUR COUNTY JAIL WILL NOT BE RESPONSIBLE FOR ANY PROPE
AFTER THIRTY (30) DAYS _____ INITIAL _____
NAME OF PERSON WHO PICKED UP PROPERTY AFTER SENT TO STATE. _____
DATE _____

T. I. O. L.

NAME James B. P. n

PROPERTY #

OFFENCES Assault 2nd

STATE CODE#

STATE CODE#

SEX M RACE B ADDRESS 64 Jennings St.DOB 4-1-60 AGE 45 CITY Clayton STATE AL ZIP 36016HEIGHT 57 PHONE DRIVER LIC STATEWEIGHT 215 LBS EMPLOYER NO POSITION NOHAIR COLOR BLK WORK NUMBER NO SSN 266 51-9106EYE COLOR BRO PLACE OF BIRTH Tampa FL STATEBUILD med Complexion DK SCARS/TATTOOS NoneEDUCATION bed RELIGION Hebrew Israelite BELONG TO GANG? NAME

ALT. ID FBI NCIC FPC

ARRESTING OFFICER DOZ NAME OF DEPT. Clayton P.D.

WARRENTS NO COURT DATE REPORT TAKEN

SEARCHED BY Blum PHOTO TAKEN yes PRINTS

VISUAL ASSESSMENT BY BOOK-IN OFFICER

DOES INMATE NEEDED MEDICAL ATTENTION IF SO OFFICER NEEDS TO TAKE TO DOCTOR OR EMERGENCY ROOM NOW.

N IS INMATE UNCONSCIOUS?

DOES INMATE HAVE ANY VISIBLE SIGNS OF TRAUMA, ILLNESS, PAIN OR BLEEDING, REQUIRING MEDICAL ATTENTION?

FEVER, SWOLLEN LYMPH NODES, JAUNDICE OR ANY INFECTION THAT MIGHT SPREAD THROUGH THIS FACILITY?

ANY SIGNS OF SKIN CONDITION, VERMIN, RASH, OR NEEDLE MARKS?

ANY SIGNS OF UNDER THE INFLUENCE OF DRUGS OR ALCOHOL?

SIGNS OF WITHDRAWAL FROM DRUGS OR ALCOHOL?

DOES BEHAVIOR SUGGEST RISK OF SUICIDE OR ASSAULT?

IS INMATE CARRYING MEDICATION?

DOES INMATE HAVE ANY DEFORMITIES?

0 DOES INMATE APPEAR TO HAVE PSYCHIATRIC PROBLEMS?BOOK-IN OFFICER Blum

DATE RELEASED TIME HOW RELEASED

OFFICER

BARBOUR COUNTY JAIL
INMATE REQUEST FORM11/3/05
DATE3:41 p.m.
TIMEJames Britton
INMATE'S NAMES/N
CELL #TYPE OF REQUEST
(CIRCLE ONE)

1. MEDICAL 2. DENTAL 3. GRIEVANCE 4. SPECIAL VISIT 5. OTHER

BRIEFLY STATE YOUR REQUEST:

Violation of the Eight Amendment promulgated in the United States Constitution.
On Nov. 3, 2005 at approximately 3:00 p.m. Inmate James E. Britton, Requested to have a hair-cut and

[Signature]
INMATE'S SIGNATURE

OFFICER'S SIGNATURE

DO NOT WRITE BELOW LINE

OFFICER'S REPLY:

James Britton got a hair cut on. Thru pite Nov 3. C. C. allowed Tim Foster into lockdown w/ Britton. C. later looked into special needs block & the clippers w/ extension cord was in cell # 149 as well as Mr. Foster & Mr. Britton. Refused razor for. When cell block was offered - he advised he trimmed beard w/ clippers razor mod bumps

ALL INMATE REQUEST FORMS WILL BE ROUTED THROUGH
THE SHIFT SUPERVISOR TO THE JAIL ADMINISTRATOR

INMATE INMATE FILES DISCIPLINARY BOARD OTHER

SUPERVISOR'S SIGNATURE

DATE

ADMINISTRATOR'S SIGNATURE

DATE

Cont.

Shave, he was told that he was not allowed to have one, due to lock-down status. According to the provisions set forth in *Wolff v. McDonnell*, 418 U.S. 539, 94 S. Ct. 2963 (1974). That states in pertinent part: "that a pre-trial or convicted felon does not relinquish their rights to the 14th Amendment, nor the Equal Protection of the laws Clause.

Therefore, keeping my hair-cut and shave up to par is guaranteed by the United State Constitution, along with the Policy, procedure and directives that govern the Barber County Jail.

WHEREFORE, this grievant would demand that this violation of his Constitution Rights be corrected immediately.

Respectfully Submitted,

James Griffin

After review of the Affidavit of Indigency, you have been granted status and have been appointed an attorney, whose name is circled below. If you have not heard from your attorney within the next seven (7) days, you will need to contact them as soon as possible.

INDIGENT ATTORNEYS

~~Hon. Kirke Adams
P.O. Box 10
Clayton, AL 36016
(334) 775-3508~~

Hon. Matt Horne
P.O. Box 226
Clayton, AL 36016
(334) 775-9836

Hon. Karen Benefield
P. O. Box 213
Eufaula, AL 36072
(334) 687-3808

~~Hon. Rebecca G. Kelly
P.O. Box 605
Clayton, AL 36016
(334) 775- 8009~~

Hon. Paul Brunson
P.O. Box 475
Clayton, AL 36016
(334) 775- 8555

Hon. Thomas F. Kelly, Jr.
P.O. Box 605
Clayton, AL 36016
(334) 775-8009

~~Hon. David Hatfield
P.O. Box 1174
Eufaula, AL 36072
(334) 687-4287~~

Hon. Gary New
P.O. Box 926
Eufaula, AL 36072
(334) 687-5035

Hon. John Robertson
P.O. Box 218
Clayton, AL 36016
(334) 775-9900

State of Alabama
Unified Judicial SystemORDER
ON INITIAL APPEARANCE

Case Number

Form C-80

Rev. 8/2000

IN THE Circuit District COURT OF Barbour, ALABAMA
(Circuit, District or Municipal) (Name of County or Municipality)☒ STATE OF ALABAMA☐ MUNICIPALITY OF STATEv. JAMES E. GRIFFIN

Defendant

The above-named defendant, charged with the criminal offense(s) of Assault 1st Assault 2nd Discharging
Firearm into Building was duly brought before the Court for initial appearance on 10/28/05 at 10:00 o'clock A.m.,
 whereupon the Court did the following, as checked in the appropriate blocks:

(CHECK AS APPLICABLE):

☒ 1. Name and address of defendant.

(a) Ascertained the true name and address of the defendant to be:

James E. Griffin
624 Jennings Street, Clayton, AL 36016

(b) Amended the formal charges to reflect defendant's true name.

☒ (c) Instructed the defendant to notify the Court promptly of any change of address.☒ 2. Informed the defendant of the charges against him/her and ensured that the defendant was served with a copy of the charges.☒ 3. Informed the defendant of the right to be represented by counsel, that he/she would be afforded time and opportunity to retain an attorney, and further advised the defendant that, if he/she were indigent and unable to obtain counsel, an attorney would be appointed by the Court to represent him/her.Defendant ☒ requested ☐ did not request court-appointed counsel. If requested counsel, defendant ☒ was ☐ was not given a copy of the Affidavit of Substantial Hardship to complete in order for indigency to be determined.☒ 4. Informed the defendant that he/she had the right to remain silent and that anything that he/she said could be use against him/her.☒ 5. Bail

(a) Determined that the defendant shall not be released from custody since charged with a non-bailable capital offense.

☒ (b) Determined that the defendant shall be released from custody pending further proceedings, subject to the mandatory conditions prescribed in Rule 7.3(a), A.R.Cr.P., and subject to the following additional conditions:

- 1.) Execution of an appearance bond (recognizance) in the amount of \$ _____
- ☒ 2.) Execution of a secured appearance bond in the amount of \$ 50,000.00
- 3.) Other conditions (specify) _____

☒ 6. If charged with a felony offense, informed the defendant of right to demand a preliminary hearing under Rule 5.1, A.R.Cr.P., and of the procedure by which that right may be exercised.☒ 7. If charged with a felony offense a preliminary hearing was demanded with 30 days of date of arrest by the above named defendant, set a preliminary hearing to be held in the District Court of Barbour Co, AL, on November 10, 2005 (Clayton) (date) at 9:00 o'clock A.m.☒ (a) Notified the District Court that such demand was made.☐ (b) Defendant made no demand for a preliminary hearing at the initial appearance hearings.☐ 8. Other: _____

Date

10-28-2005

Judge/Magistrate

Charles W. Vack

INCIDENT REPORT NARRATIVE
SUPPLEMENT
(CONTINUED)

PAGE 1 OF 2

Mrs. Arlene proceeded by calling Deputy Upshaw & Chief Patrick (since he belong to the city). Chief Patrick Arrived first - He came back to Special Need door and ask James what was wrong he began telling him in a loud voice that he need to make a phone call. Chief Patrick Advised him that Mrs Arlene was up front along. And to Calm down she would take care of him when she could. Then Officer Upshaw came to Special Need door to assist Chief Patrick. James Start Screaming who the Hell are you. What the Fuck you want to do, And all kinds of Bad language. Officer Upshaw ask for the door to be paped. Himself & Chief Patrick went in to try to talk to James Griffin. He Cussed and Fussed at Officer Upshaw for a while then he finally Calm down. Officer Upshaw and Chief Patrick Exit the Jail.

BARBOUR COUNTY JAIL
INMATE REQUEST FORM

11/19/05
DATE

1:20 p.m.
TIME

James Griffin
INMATE'S NAME

S/W
CELL #

TYPE OF REQUEST
(CIRCLE ONE)

1. MEDICAL 2. DENTAL 3. GRIEVANCE 4. SPECIAL VISIT 5. OTHER

BRIEFLY STATE YOUR REQUEST: To whom this may concern, I need
to see a nurse or doctor about my left foot, becaus
it hurts and is swollen.

James Griffin
INMATE'S SIGNATURE

OFFICER'S SIGNATURE

DO NOT WRITE BELOW LINE

OFFICER'S REPLY: _____

Dr. appt w/ Mearns @ 8:30 AM
11-22

ALL INMATE REQUEST FORMS WILL BE ROUTED THROUGH
THE SHIFT SUPERVISOR TO THE JAIL ADMINISTRATOR

INMATE INMATE FILES DISCIPLINARY BOARD OTHER

SUPERVISOR'S SIGNATURE

11-21-05
DATE

ADMINISTRATOR'S SIGNATURE

DATE

~~Herbert~~ L. Lindh 9

BARBOUR COUNTY JAIL
INMATE REQUEST FORM

11/20/05
DATE

10:30 A.M.
TIME

James Brittin
INMATE'S NAME

8/N
CELL #

TYPE OF REQUEST
(CIRCLE ONE)

1. MEDICAL 2. DENTAL 3. GRIEVANCE 4. SPECIAL VISIT 5. OTHER

BRIEFLY STATE YOUR REQUEST:

The arbitrary taking of my Visitation should be investigated and repaired because a reason for taking my Visitation is not docketed. THEREFORE it should be void.

James Kniff
INMATE'S SIGNATURE

OFFICER'S SIGNATURE

DO NOT WRITE BELOW LINE

OFFICER'S REPLY:

Has been seen and decided it would stay as is per P. Hall 11-22-05

ALL INMATE REQUEST FORMS WILL BE ROUTED THROUGH
THE SHIFT SUPERVISOR TO THE JAIL ADMINISTRATOR

INMATE INMATE FILES DISCIPLINARY BOARD OTHER

SUPERVISOR'S SIGNATURE

DATE

ADMINISTRATOR'S SIGNATURE

DATE

GRIFFIN, JAMES**CHART#: 1121****DOB: 09/01/60****11/16/05****ALLERGIES: _____**

CC: Mr. Griffin comes in accompanied by one of the officers of the Sheriff's Department. Apparently, James is ~~he~~ incarcerated for an offense at the Barbour County Jail. He has been having some neck pain and apparently he was allowed to see a different physician, Dr. Jackson. Apparently, these physicians refused to see him because of some intimidation factors. I have talked to the Sheriff before James came to the office this morning because he was calling my office looking for somebody that would take care of this patient because he believed him to be having pain and he wanted him checked out. I did tell Sheriff Williams that I would not mind at all. I have seen James as a patient independent and privately previously. Things that have developed since I last saw James, he has seen Dr. Woodam and Dr. Voss with some previous neck pains that he received in a motor vehicle accident and apparently a ruptured disk and he has since undergone an anterior arthrodesis of probably C3-4 and C4-5 vertebrae as best I can tell. They did an anterior approach and corrected this in February of 2003. He has had some intermittent pain problems since that period of time. He has managed it pretty good and he did get relief from the surgery; however, just as many anterior arthrodesis patients have pain, he does continue to have pain too unless he is able to position well during his restful times.


PMH: Otherwise is fairly benign. He has no problems with his eyesight. No breathing difficulties. No heart problems.

PSH: Significant for that as above.

FAMILY HX: Significant for diabetes and hypertension.

SOCIAL HX: He is married and he has 2 children that are in good health. He is alienated from these children. He smokes about 10 cigarettes per day. He only consumes rare alcohol on occasion. He does use marijuana products on an out free occasion.

PHYSICAL EXAM: Ht 5'7 1/2", Wt 180, BP 130/78, T 97.3, P 74, R 18. HEENT: Does indeed show cervical circumference consistent with his stated past history of surgery. Range of motion is a little bit restricted, but he still has good range of motion and it is equal bilaterally in the rotational left and rotational right, flexion and extension. Arm musculature and everything is well developed, but range of motion and everything of his extremities is all intact. His balance is good. Chest: Clear. Heart: Normal S1 and S2 with no S3 or S4. No murmurs, rubs, or clicks. Abdomen: Bowels, kidneys, everything is doing well. There is no history of any ulcerative disorders or otherwise. He has multiple scars, some on the right arm. He has had some gunshot wounds in the past.



GRIFFIN, JAMES

CHART#: 1121

DOB: 09/01/60

11/16/05

ALLERGIES: WICDA

Continued...

He has a retained fragment in the inner aspect of the right thigh, but overall his biggest complaint is the myalgias and the discomfort associated with the anterior arthrodesis that was done so many years ago. Due to his unfortunate situation as an incarcerated person waiting judgment or whatever for a disposition, he is finding himself in a confined area on bedding that is probably less than desirable and probably padding that he is not used to. With regard to the pains that he is having in the neck, I do concur that he is having arthralgias and I suggested methods to him, interventional methods that hopefully will be advisable and mendable in the jailhouse setting and also in an effort to control James' pain as well.

IMPRESSIONS:

1. Multiple myalgias, status post cervical anterior arthrodesis.

PLAN: I will place him on naproxen sodium and I have asked the jailer to furnish Tylenol 1 dose along with that and this on a twice a day basis to be taken with medicine. I also suggested a regular bath towel folded lengthwise rolled up in a tight log roll and taped x3 and told James and demonstrated to him how he could support his neck and find the comfort and I think that he will find this much beneficial to the kind of myalgias that he is having with this type surgery. I told him I personally have had this type of surgery and it has probably been the single biggest help towards any positioning mechanics during my sleep of any that I have found and I think that he will find this to be true also. Encouragement is given. Prescriptions are written. I have given those to Officer Derrick Rogers to be transported back with James and also recommendations. If there is anything further that I can do I will certainly do it in James' behalf if he desires it. Follow-up with him p.r.n.



Wesley Marner, D.O.

DEA # BM1546413

DR. WESLEY D. MARNER
130-B NORTH RANDOLPH AVENUE
EUFALUA, AL 36027
334-687-8520 FAX: 334-687-9951
AL Lic No. DO-355

NAME James G. Miller
ADDRESS 1116/15
DATE 11/16/05

(Please Print)

Triple i Safety Bar	
<input type="checkbox"/>	CARDIOVASCULAR
<input type="checkbox"/>	GASTROINTESTINAL
<input type="checkbox"/>	ANTIBIOTIC
<input type="checkbox"/>	ANTINEURITIC
<input type="checkbox"/>	PAIN
<input type="checkbox"/>	INFLAMMATION
<input type="checkbox"/>	COUGH/COLD
<input type="checkbox"/>	RESPIRATORY
<input type="checkbox"/>	CENTRAL NERVOUS SYSTEM
<input type="checkbox"/>	FEMALE HEALTH UROLOGY
<input type="checkbox"/>	DIABETES

7 LABEL

REPL. TIMES PRN NR
11/16/05
PRODUCT SELECTION PERMITTED
DISPENSE AS WRITTEN
D.O.
TR050312, 100014648 29 00 48567 0001

DEA # BM1546413

DR. WESLEY D. MARNER
130-B NORTH RANDOLPH AVENUE
EUFALUA, AL 36027
334-687-8520 FAX: 334-687-9951
AL Lic No. DO-355

NAME James G. Miller
ADDRESS 1116/15
DATE 11/16/05

R (Please Print)

Triple i Safety Bar	
<input type="checkbox"/>	CARDIOVASCULAR
<input type="checkbox"/>	GASTROINTESTINAL
<input type="checkbox"/>	ANTIBIOTIC
<input type="checkbox"/>	ANTINEURITIC
<input type="checkbox"/>	PAIN
<input type="checkbox"/>	INFLAMMATION
<input type="checkbox"/>	COUGH/COLD
<input type="checkbox"/>	RESPIRATORY
<input type="checkbox"/>	CENTRAL NERVOUS SYSTEM
<input type="checkbox"/>	FEMALE HEALTH UROLOGY
<input type="checkbox"/>	DIABETES

7 LABEL

REPL. TIMES PRN NR
11/16/05
PRODUCT SELECTION PERMITTED
DISPENSE AS WRITTEN
D.O.
TR050312, 100014648 29 00 48567 0001

BARBOUR COUNTY JAIL
INMATE REQUEST FORM

11/13/05
DATE

9:13 AM
TIME

James Griffin
INMATE'S NAME

5/W
CELL #

Dr. Nixon
5093
687-5725
NO

TYPE OF REQUEST
(CIRCLE ONE)

1. MEDICAL 2. DENTAL 3. GRIEVANCE 4. SPECIAL VISIT 5. OTHER

BRIEFLY STATE YOUR REQUEST:

To whom this may concern, I have a continual problem with pain in my neck because it has been broken, and I need pain medications on a regular basis. Therefore, I need an appointment to see the doctor immediately.

James Griffin
INMATE'S SIGNATURE

OFFICER'S SIGNATURE

DO NOT WRITE BELOW LINE

OFFICER'S REPLY:

Our doctor will not see him.

~~Dr. Woodham~~

Dr. Manner 11-16-05 Saw him
Dennis took 10:30

ALL INMATE REQUEST FORMS WILL BE ROUTED THROUGH
THE SHIFT SUPERVISOR TO THE JAIL ADMINISTRATOR

INMATE INMATE FILES DISCIPLINARY BOARD OTHER

SUPERVISOR'S SIGNATURE

DATE

ADMINISTRATOR'S SIGNATURE

DATE

**BARBOUR COUNTY JAIL
INMATE'S LOSS OF PRIVILEGES**

James Griffith
INMATE'S NAME

11/13/05
DATE

5/N
BLOCK #

VIOLATION	PRIVILEGE TO LOSE		DATE TO LOSE PRIVILEGE
	VISITATION	STORE CALL OTHER	
Cursing an officer	visitation		11-20-05-12-11-05 4 weeks

COMMENTS: AS I Was Standing In the Cube preparing Medication for another Inmate James Called my name and When I didn't answer, he Stepped Outside of Special Needs block and Starting Cursing at me and Calling me out of my name. And then he threatened to do something to me. When he gets out of Jail.

11/13/05 @ 4:30 am
DATE and TIME

Evang Nash / C511
OFFICER'S NAME / ID

DATE and TIME

SUPERVISOR'S NAME / ID

Attention: Jassy Stone

BARBOUR COUNTY JAIL
INMATE REQUEST FORM

11/12/05
DATE

James Griffin
INMATE'S NAME

10:44 p.m.
TIME

5/W
CELL #

TYPE OF REQUEST ("CIRCLE ONE")

Discrimination

1. MEDICAL 2. DENTAL 3. GRIEVANCE 4. SPECIAL VISIT 5. OTHER

BRIEFLY STATE YOUR REQUEST: On several occasions I have requested medication, grievance forms, and push the cell button while your officer Ebony has been working in the booth, and she has refused to answer the but give me grievance forms, medications and all the above

James Griffin
INMATE'S SIGNATURE

OFFICER'S SIGNATURE

DO NOT WRITE BELOW LINE

OFFICER'S REPLY:

Nothing after 10:30 Lock Down
Prison unless emergency
I will talk to E. Word.

ALL INMATE REQUEST FORMS WILL BE ROUTED THROUGH
THE SHIFT SUPERVISOR TO THE JAIL ADMINISTRATOR

INMATE INMATE FILES DISCIPLINARY BOARD OTHER

SUPERVISOR'S SIGNATURE

DATE

ADMINISTRATOR'S SIGNATURE

DATE

Cont.

yet in still, it seem as though she has a bed in 400 block because every 30-40 minutes she is inside the cell. Now if this neglect, and discrimination continues toward me, I will be forced to file further action to the Court under the 14th Amendment for discrimination.

Also, I know that your Policy Procedure and Directives does not allow the administration to administer this type of behavior. And if S. has a boyfriend over in 400 block, then she needs to realize that he is not the only inmate that needs assistance, or maybe y'all need to refresh her memory with her job descriptions.

WHEREFORE, this grievant demands the discontinuation of this behavior immediately or further action shall be enforced.

Respectfully Submitted,

James Truff

MONTHLY MEDICATIONS SHEET

Month 10 Year 05

5 / N
Block #

Legend: R = Refused O = Out

[illegible][illegible][illegible][illegible]

BARBOUR COUNTY SHERIFFS OFFICE

1/01/2005 09:56:14 MEDICAL SCREENING FORM

PAGE 2

Booking No: 050000371 Date: 10/26/2005 Time: 09:48 Type: NORMAL
Agency to Bill: BARBOUR COUNTY Facility: COUNTY JAIL

Inmate Name: GRIFFIN JAMES Race: B Sex: M
DOB: 09/01/1960 Age: 45 SSN: 266 51 9106 Height: 5'07" Weight: 210

- _____ 13. Have you recently been hospitalized or treated by a doctor?
- _____ 14. Do you currently take any non-prescription medication or medication prescribed by a doctor?
- _____ 15. Are you allergic to any medication?
- _____ 16. Do you have any handicaps or conditions that limit activity?
- _____ 17. Have you ever attempted suicide or are you thinking about it now?
- _____ 18. Do you regularly use alcohol or street drugs?
- _____ 19. Do you have any problems when you stop drinking or using drugs?
- _____ 20. Do you have a special diet prescribed by a physician?
- _____ 21. Do you have any problems or pain with your teeth?
- _____ 22. Do you have any other medical problems we should know about?

I HAVE READ THE ABOVE ACCOUNTING OF MY MEDICAL ASSESSMENT AND I FIND IT TO BE TRUE AND ACCURATE.

INMATE: _____ DATE: _____ TIME: _____

BOOK OFFICER: _____ DATE: _____ TIME: _____

BARBOUR COUNTY JAIL
INMATE REQUEST FORM

1/4/06
DATE

4:15 A.m.
TIME

James Griffin
INMATE'S NAME

S/N
CELL #

TYPE OF REQUEST
(CIRCLE ONE)

1. MEDICAL 2. DENTAL 3. GRIEVANCE 4. SPECIAL VISIT 5. OTHER

BRIEFLY STATE YOUR REQUEST:

This grievance concerns the total neglect and indifference to serious medical needs here at the Barbour County jail. I have notified the administration that my medicine is out, but still I have none. Further action will be pursued.

James Griffin
INMATE'S SIGNATURE

OFFICER'S SIGNATURE

DO NOT WRITE BELOW LINE

Holiday before

OFFICER'S REPLY:

Faxed 9:30 am 1-3-05

Med were faxed to Louisville Clinic for Refill. Dr. Meneal check to make sure they received it as of 1-4-06. No Refill for Jail at Clayton Drug by marker with call Clayton Drug to order. P. 1/4/06

ALL INMATE REQUEST FORMS WILL BE ROUTED THROUGH
THE SHIFT SUPERVISOR TO THE JAIL ADMINISTRATOR

INMATE INMATE FILES DISCIPLINARY BOARD OTHER

SUPERVISOR'S SIGNATURE

DATE

ADMINISTRATOR'S SIGNATURE

DATE

BARBOUR COUNTY JAIL
INMATE REQUEST FORM

10/25/05
DATE

6:29 P.m
TIME

James Griffin
INMATE'S NAME

S/N
CELL #

TYPE OF REQUEST
(CIRCLE ONE)

1. MEDICAL 2. DENTAL 3. GRIEVANCE 4. SPECIAL VISIT 5. OTHER

BRIEFLY STATE YOUR REQUEST: To whom this may concern,
I need to visit with the Nurse because
my neck was broken and I need pain !!!
medication other than aspirin's Tylenol's.

James Griffin
INMATE'S SIGNATURE

OFFICER'S SIGNATURE

DO NOT WRITE BELOW LINE

OFFICER'S REPLY: _____

Dr Jackson office will not see him due
to the law suit. Arlene 10/26/05

ALL INMATE REQUEST FORMS WILL BE ROUTED THROUGH
THE SHIFT SUPERVISOR TO THE JAIL ADMINISTRATOR

INMATE INMATE FILES DISCIPLINARY BOARD OTHER

SUPERVISOR'S SIGNATURE

DATE

ADMINISTRATOR'S SIGNATURE

DATE

(1) UNIFORM

(1) MATTRESS

(1) TOOTHBRUSH

(2) SHEETS

(1) TOOTHPASTE

(1) RULES AND REGULATION INMATE HAND BOOK

(1) CUP

(1) SOAP

(1) BLANKET

(1) FACE CLOTH

(1) TOWEL

I HAVE RECEIVED THE ABOVE ITEMS AND I ALSO UNDERSTAND THAT I AM
HELD RESPONSIBLE FOR THE ABOVE ITEMS ISSUED TO ME .

I ALSO UNDERSTAND THAT DEFACING, DESTRUCTION, ALTERING, OR LOSS
OF COUNTY PROPERTY CAN AND WILL RESULT IN DISCIPLINARY ACTION,
CRIMINAL PENALTIES, AND/OR financial restitution.

I HAVE BEEN READ ALOUD THE ABOVE AND HAVE ACKNOWLEDGED THAT I
UNDERSTAND.

INMATE

OFFICER

THE ABOVE ITEMS RETURNER DATE/TIME

OFFICER

State of Alabama
Unified Judicial System

CLAYTON

WARRANT AND AFFIDAVIT

DISTRICT COURT OF
BARBOUR COUNTY

Case Number
05-10-476A

Before me the undersigned Judge/Clerk/Magistrate of the District Court of Barbour County, Alabama, personally appeared ROBERT PATRICK who being by me first duly sworn deposes and says that he/she has probable cause for believing, and does believe that within twelve months within said County on or about 10/18/05 one JAMES GRIFFIN whose name is otherwise unknown to the complainant did:

DISCHARGE A FIREARM INTO AN OCCUPIED DWELLING AT #8 WESTFIELD APT

In violation of 13A-11-61 of the Code of Alabama, against the peace and dignity of the State of Alabama.

Sworn to and subscribed before me this the 28 day of October 2005

James L. Clark
Clerk/Magistrate of District Court

James Griffin
Complainant's Signature

WITNESSES FOR THE STATE

ALLEN OBERT, CLAYTON PD

WILLIE WALTON

STATE OF ALABAMA
BARBOUR COUNTY
CLAYTON

WARRANT OF ARREST

DISTRICT COURT
Warrant Number
2005-289

TO ANY LAWFUL OFFICER OF THE STATE OF ALABAMA:

You are thereof commanded to arrest JAMES GRIFFIN and bring him/her before the DISTRICT COURT OF BARBOUR COUNTY, to answer the State of Alabama on a charge of

DISCHARGING FIREARM INTO BUILDING

Code 13A-11-61 Class B Felony

and have you then and there this writ with your return thereon 12/6/05 at 9:00 AM

Dated this 28 day of October 2005

James L. Clark
Clerk/Magistrate of District Court

Defendant's Address

64 JENNINGS STREET
CLAYTON AL

Executed the within Warrant by Arresting the within named Defendant. After arrest, the defendant was:

☐ Released as authorized at _____
☐ Taken before ☐ Judge ☐ Magistrate
☒ Committed to Jail

This 28th day of

October 2005

James Griffin
Signature Title

Clayton P. D.
Agency

WARRANT OF ARREST

THE DISTRICT COURT OF
BARBOUR COUNTY

THE STATE OF ALABAMA
v.

JAMES GRIFFIN

Race Sex DOB
B M 09-01-1960
Hgt Wgt Hair Eyes
5'7" 215 BLK BRO

SSN
266-61-9106

DL Number State

Attention Sean HAN 209

BARBOUR COUNTY JAIL
INMATE REQUEST FORM

12/8/05
DATE

5:40 A.M.
TIME

James Griffin
INMATE'S NAME

512
CELL #

TYPE OF REQUEST
(CIRCLE ONE)

1. MEDICAL 2. DENTAL 3. GRIEVANCE 4. SPECIAL VISIT 5. OTHER

BRIEFLY STATE YOUR REQUEST: This request concerns a request for plain bread in the morning instead of toast, since biscuits are not required here at the Barbour County Jail.

James Griffin
INMATE'S SIGNATURE

OFFICER'S SIGNATURE

DO NOT WRITE BELOW LINE

OFFICER'S REPLY: _____

Toast

ALL INMATE REQUEST FORMS WILL BE ROUTED THROUGH
THE SHIFT SUPERVISOR TO THE JAIL ADMINISTRATOR

INMATE INMATE FILES DISCIPLINARY BOARD OTHER

SUPERVISOR'S SIGNATURE

DATE

ADMINISTRATOR'S SIGNATURE

DATE

BARBOUR COUNTY JAIL
INMATE REQUEST FORM

12/8/05
DATE

5:45
TIME

Curtis McCrory
INMATE'S NAME

5/W
CELL #

Maint

TYPE OF REQUEST
(CIRCLE ONE)

1. MEDICAL 2. DENTAL 3. GRIEVANCE 4. SPECIAL VISIT 5. OTHER

BRIEFLY STATE YOUR REQUEST: This grievance concerns the Americans with Disabilities Act. I am an amputee and it is very difficult for me to shower here at this jail because of the

Curtis McCrory
INMATE'S SIGNATURE

OFFICER'S SIGNATURE

DO NOT WRITE BELOW LINE

OFFICER'S REPLY:

Did this
12-15-05
P. Hall

ALL INMATE REQUEST FORMS WILL BE ROUTED THROUGH
THE SHIFT SUPERVISOR TO THE JAIL ADMINISTRATOR

INMATE INMATE FILES DISCIPLINARY BOARD OTHER

SUPERVISOR'S SIGNATURE

DATE

ADMINISTRATOR'S SIGNATURE

DATE

Lakeview Community Hospital
820 West Washington Street
Eufaula, AL 36027
1-334-688-7000

Patient Teaching Instructions
GRIFFIN, JAMES E - 7017284

Date discharged: 11/26/2005
Time discharged: 11:04

You have been diagnosed and treated by our emergency care provider. These discharge instructions have been prepared for you in order that you better understand your condition, and how this condition may affect you now that you have been discharged from our emergency room. Please read these instructions carefully, and do not hesitate to call us if you have any questions.

Your emergency care provider was:

ANDREW AARON WALDMAN

Special Instructions

FOLLOW UP WITH YOUR DR IN 1-2 DAYS TAKE OVER THE COUNTER PAIN MEDS

Referred to:

MESLEY D MARNER

130 - B N RANDOLPH ST, EUFAULA, AL 36027

Phone: 3346878520

Hours:

Call for an appointment

The exam and treatment you received today has been provided on an emergency basis only. This is not a substitute for complete medical care. **You, not Lakeview Community Hospital**, are responsible for arranging and obtaining follow-up care with a doctor or other healthcare provider, which includes making arrangements for payment. If your problem worsens or new symptoms appear and you are unable to arrange prompt follow-up care, call or return to this emergency room.

If you had EKG's or X-rays done in the Emergency Department, they will be reviewed by a specialist. If their interpretation is different from the emergency care provider, you or your physician will be notified.

If you had cultures done, results are usually available within 48-72 hours. If the results indicate a need for re-evaluation or change in treatment, you or your physician will be notified.

*This Subject Said He was Not Able to ride
By Private Car Had to Have Ambulance, but
Could ride back in Deputy car. Nothing Found
Wrong X Ray clear C13*

Lakeview Community Hospital
820 West Washington Street
Eufaula, AL 36027
1-334-688-7000

Patient Teaching Instructions

GRIFFIN, JAMES E - 7017284

CERVICAL STRAIN

WHAT CAUSES CERVICAL STRAIN?

Neck or cervical pain is usually related to strain - over stretching of muscles or ligaments of the neck or shoulder. The most common causes are car accidents, athletics, exercise classes, and poor sleeping positions. Muscle strain of the neck is usually extremely painful and bothersome, but is usually not serious. The pain may last from a few days to a month or more, and is usually worse in the mornings.

WHAT SHOULD I KNOW AND DO FOR CERVICAL STRAIN?

- Most cervical strains heal in 3 or 4 days. Severe neck strains may take several weeks to heal completely.
- Your doctor may give you medicines to help the muscles to relax. Take them exactly as directed. DO NOT drive while taking these medicines.
- Resting may help the discomfort of traumatic injuries. Avoid activity that increases the pain.
- You may have been given a soft neck collar to wear. Some people find this very helpful in helping you to relax. Wear this collar as much as you can. You can sleep with it on. Do not get the collar wet.
- If you have neck pain from strenuous or athletic activity, you should continue with your usual activities unless your doctor tells you otherwise.
- Using ice packs every few hours for the first 2-3 days may help with discomfort and healing.
- You may use heating pads, hot showers, or hot towel compresses 3 or 4 times a day for 20 minutes to help relax the muscles.
- Gentle and firm massages may help your soreness.
- A consistent routine of exercise will help to prevent muscle pain.

WHEN AND WHY SHOULD I FOLLOW UP WITH THE DOCTOR?

- If your pain is getting worse and not better.
- If the pain moves or shoots down your arms.
- If you develop any weakness, numbness or tingling.
- If you are not feeling better in 6 to 8 days.
- If you develop numbness or tingling of the affected area.
- If something really concerns or worries you about your muscle pain.

Your condition may benefit from outpatient rehabilitation therapy services. Please ask for this referral or for more information.

Lakeview Community Hospital
820 West Washington Street
Eufaula, AL 36027
1-334-688-7000

Patient Teaching Instructions

GRIFFIN, JAMES E - 7017284

BACK PAIN (LOW BACK PAIN)

WHAT IS BACK PAIN?

Back pain is a discomfort of the muscles in the back, usually the lower back. It is caused by muscles being pulled or stretched when pulling or lifting heavy objects or during strenuous activity. It can also be caused by a simple turning or twisting of the back or during traumatic injury such as a fall or a car accident. You could be born with problems that cause back pain, such as a crooked spine (scoliosis) or pain can be caused when growing older by increased softening of the bones (osteoporosis).

WHAT SHOULD I KNOW AND DO FOR MY BACK PAIN?

- Resting on a FIRM surface is very important. Rest as much as possible.
- Rest on your back with a pillow under your knees to take pressure off your back.
- Lying on your side with a pillow between your knees may also be helpful and may feel more comfortable.
- Do not lift or bend over until your doctor tells you that you can.
- You may use warm heat for 20 minutes three or four times per day to help relax the muscles. Heating pads, hot showers, or hot towel compresses are ways to provide the heat.
- Do not keep heat on your back all the time. This will make your pain worse.
- Gentle/firm massage may help your soreness.
- Your doctor may give you medicines to help the muscles relax. Take them just like your doctor says. DO NOT drive while taking these medicines.
- Exercise, good posture, and learning how to lift and pull correctly, will help prevent hurting your back again.

WHEN AND WHY SHOULD I FOLLOW UP WITH THE DOCTOR?

- If your pain is getting worse and not better.
- If you start having pain when moving your legs.
- If you cannot feel or move your legs.
- If you have problems passing your urine or bowels.
- If something really concerns or worries you about your back pain.

Your condition may benefit from outpatient rehab therapy services. Please ask for this referral or more information.

BARBOUR COUNTY JAIL
INMATE REQUEST FORM

11/27/05
DATE

5:50 A.M.
TIME

James Griffin
INMATE'S NAME

S/N
CELL #

TYPE OF REQUEST
(CIRCLE ONE)

1. MEDICAL 2. DENTAL 3. GRIEVANCE 4. SPECIAL VISIT 5. OTHER

BRIEFLY STATE YOUR REQUEST:

To whom this may concern,
I am still in pain from my fall in S/N, and
the doctor at Eufaula hospital gave officer
Eddie an order to see doctor Manner in a couple
of days, so someone need to make an appointment

James D. Griffin
INMATE'S SIGNATURE

OFFICER'S SIGNATURE

DO NOT WRITE BELOW LINE

OFFICER'S REPLY:

Dr App 11-30-05
10:00 clock

ALL INMATE REQUEST FORMS WILL BE ROUTED THROUGH
THE SHIFT SUPERVISOR TO THE JAIL ADMINISTRATOR

INMATE INMATE FILES DISCIPLINARY BOARD OTHER

SUPERVISOR'S SIGNATURE

DATE

ADMINISTRATOR'S SIGNATURE

DATE

BARBOUR COUNTY JAIL

MONTHLY MEDICATIONS SHEET

James Griffin
Inmate's Name

Month 11 Year 05

302
Block #

Officer's initials to top of line / Inmate's initials to bottom of line

Legend: R = Refused O = Out

Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	<p>192430 Take 1 Tab by mouth 2 Times daily Naproxen 300</p>																														

Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

Inmate's Name

Month 11 Year 05

Block.#

Legend: R = Refused O = Out

(Food)

193214

Take 1 Tablet

True or False?

EVERETT H. HILL

[illegible][illegible][illegible][illegible]

MONTHLY MEDICATIONS SHEET

Month 11 Year 2005

SN
Block #

Legend: R = Refused O = Out

[illegible][illegible][illegible][illegible]

BARBOUR COUNTY JAIL
INMATE REQUEST FORM

12/7/05
DATE

11:43 A.M.
TIME

James Britton
INMATE'S NAME

S/N
CELL #

TYPE OF REQUEST
(CIRCLE ONE)

1. MEDICAL 2. DENTAL 3. GRIEVANCE 4. SPECIAL VISIT 5. OTHER

BRIEFLY STATE YOUR REQUEST: MS. Sean Hartz, I need
a check withdrawn from my account for \$106.00
TO: Mary Britton

James Britton
INMATE'S SIGNATURE

Mary Britton
OFFICER'S SIGNATURE

DO NOT WRITE BELOW LINE

OFFICER'S REPLY:

9063

ALL INMATE REQUEST FORMS WILL BE ROUTED THROUGH
THE SHIFT SUPERVISOR TO THE JAIL ADMINISTRATOR

INMATE INMATE FILES DISCIPLINARY BOARD OTHER

SUPERVISOR'S SIGNATURE

DATE

ADMINISTRATOR'S SIGNATURE

DATE

According to the standard set forth in the Rules and Regulations promulgated in the Board of Prisons. Which states in pertinent part:

Every prisoner shall be provided by the administration at the usual hours with food of nutritional value adequate for health and strength, of wholesome quality and well prepared and served.

Therefore, toast served here that's hard as a brick does not have any nutritional value.

WHEREFORE, this grievant demands that this behavior cease to continue, and if biscuit cannot be served, that he be given plain bread.

Respectfully Submitted,

James Hiff

BARBOUR COUNTY JAIL
INMATE REQUEST FORM

11/6/05
DATE

5:00 A.M.
TIME

James Griffin
INMATE'S NAME

S/N
CELL #

TYPE OF REQUEST
(CIRCLE ONE)

1. MEDICAL 2. DENTAL 3. GRIEVANCE 4. SPECIAL VISIT 5. OTHER

BRIEFLY STATE YOUR REQUEST: This grievance concerns the toast being served at breakfast time most mornings. The toast being served here does not have any nutritional value because it is too hard at best.

James Griffin
INMATE'S SIGNATURE

OFFICER'S SIGNATURE

DO NOT WRITE BELOW LINE

OFFICER'S REPLY: _____

Toast will cont.

11-7-05

ALL INMATE REQUEST FORMS WILL BE ROUTED THROUGH
THE SHIFT SUPERVISOR TO THE JAIL ADMINISTRATOR

INMATE INMATE FILES DISCIPLINARY BOARD OTHER

SUPERVISOR'S SIGNATURE

DATE

ADMINISTRATOR'S SIGNATURE

DATE

Block # 54

Legend: R = Refused O = Out

[illegible]